



RECEIVED

HOUSE OF REPRESENTATIVES 05 MAY 20 10:56

STATE OF HAWAII  
STATE CAPITOL  
HONOLULU, HAWAII 96813

STATE OF HAWAII  
STATE ETHICS COMMISSION

May 18, 2005

Hawaii State Ethics Commission  
P.O. Box 616  
Honolulu, HI 96809

To Whom It May Concern:

Subject: **Gift Disclosure Statement**

Fiscal Year: 6/01/04 to 6/01/05

This letter will serve to inform you that I have not received any gifts from one source in excess of \$200.00, nor have I received aggregated amounts exceeding more than \$200.00 from any one source.

Attached is the only gift received from any one source exceeding more than \$100.00 from any one source. There were no gifts to report from June 1, 2004 to March 31, 2005.

Mahalo,

Josh Green, M.D.  
State Representative, District 6

**Representative Josh Green, M.D. ~ Vice Chair, Health**  
*District 6: North Kona, Keauhou, Kailua-Kona, Honokohau*  
State Capitol, Room 327 – Honolulu, Hawaii 96813  
Phone: 586-9605 – Fax: 586-9608  
E-Mail: repgreen@capitol.hawaii.gov



# HAWAII STATE ETHICS COMMISSION

1001 Bishop Street, Pacific Tower 970  
P.O. Box 616, Honolulu, Hawaii 96809  
Telephone: 587-0460 FAX: 587-0470  
email: [ethics@hawaiiethics.org](mailto:ethics@hawaiiethics.org)

## GIFTS DISCLOSURE STATEMENT

(This report covers the period from June 1 of the preceding calendar year through June 1 of this year and is due on June 30)

NAME: <b>Representative Joshua B. Green, M.D.</b>	STATE POSITION: <i>State Representatives, District 6</i>
STATE AGENCY: <i>House of Representatives</i>	STATE TEL. NO.: <i>(808) 586-9605</i>
STATE MAILING ADDRESS: <i>415 South Beretania St., Rm 315, Honolulu 96813</i>	

1	DONOR	2	DESCRIPTION OF GIFT	3	DATE REC'D	4	GIFT VALUE	5	AGG. VALUE
	<i>Hawaiian Airlines</i>		<i>Premier Club Membership (1 year)</i>		<i>4/18/05</i>		<i>\$120<sup>00</sup></i>		<i>\$120<sup>00</sup></i>

1	DONOR	2	DESCRIPTION OF GIFT	3	DATE REC'D	4	GIFT VALUE	5	AGG. VALUE
			RECEIVED						
			'05 MAY 20 10:57						
			STATE OF HAWAII STATE ETHICS COMMISSION						

Check here if you have attached additional sheets.

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.

*John Green MD*

*5-18-5*

SIGNATURE

DATE